Case 98 03675 5 DMW - Dec 212<mark>74 - Filed 04/27/23 - Entered 04</mark>/28/23 17:07:11 - Page 1

Fill in this Information to identify the case:

of 2

Debtor 1

International Heritage, Inc.

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing) First Name

Middle Name

Last Name

United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA

Case number: 98-02675

FILED

APR 27 2023

STEPHANIE J. BUTLER, CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NC

## Form 1340 (12/19)

# APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

#### 1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$804.39 (\$423.22, 295.94, 82.84, 2.39,)
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group Original Creditor: Kelley R. Nicosia
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

## 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- X Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

### 3. Supporting Documentation

X Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>&</sup>lt;sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>&</sup>lt;sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>&</sup>lt;sup>3</sup> The Owner of Record is the original payee.

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Notice to United States Attorney 0f 2

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
For the Eastern District of North Carolina
150 Fayetteville Street, Suite 2100
Raleigh, NC 27601

Signature of Paplicant Determination   Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.    Date: 3   2   2   2   3	5 Applicant Declaration	5. Co-Applicant Declaration (if applicable)
perjury under the laws of the United States of America that the foregoing is true and correct.  Date: 3   2   2   2   2   3    Signature of Applicant Benjamin D. Tarver Benjamin D. Tar	5. Applicant Declaration  Pursuant to 28 LLS C & 1746 L declare under penalty of	
that the foregoing is true and correct.  Date: 3/2/2023  Signature of Applicant Benjamin D. Tarver 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Date: 3  2  2023  Signature of Applicant Benjamin D. Tarver Benjamin D		
Signature of Applicant Benjamin D. Tarver		and the releganty is that and servest.
Benjamin D. Tarver    Country Of	Date: 3/2/2023	Date:
Benjamin D. Tarver    Country Of	1260	
Printed Name of Applicant  Address:  2300 East Fry Blvd #1630 Sierra Vista, AZ 85636  Telephone: 832-781-0620	Signature of Applicant	Signature of Co-Applicant (if applicable)
Printed Name of Applicant  Address:  2300 East Fry Blvd #1630 Sierra Vista, AZ 85636  Telephone: 832-781-0620	•	
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Sierra Vista, AZ 85636  Telephone: 832-781-0620		
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Email: help@claimtransfers.com Email:  6. Notarization STATE OF ARIZONA STATE OF  COUNTY OF COCHISE Was subscribed and sworn to before me this day of, 20	Ciona viola, Ale Good	
Email: help@claimtransfers.com Email:  6. Notarization STATE OF ARIZONA STATE OF  COUNTY OF COCHISE Was subscribed and sworn to before me this day of, 20	Telephone: 832-781-0620	Telephone:
6. Notarization STATE OF ARIZONA  COUNTY OF COCHISE  This Application for Unclaimed Funds, dated 3   2   2023	Telephone. 002-701-0020	
STATE OF ARIZONA  COUNTY OF COCHISE  This Application for Unclaimed Funds, dated  3 2 2 2 3 was subscribed and sworn to before me this 2 day of was subscribed and sworn to before me this 2 day of was subscribed and sworn to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public Author At Subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public, State of Arizona Cochise County Commission expires:  MICHELLE G MIETZNER My commission expires  MICHELLE G MIETZNER My commission expires	Email: help@claimtransfers.com	Email:
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COUNTY OF COCHISE		
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was subscribed and sworn to before me this 2nd day of	COUNTY OF COCHISE	COUNTY OF
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Who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public My commission expires: Notary Public, State of Arizona Cochise County  Commission # 618152  My Commission Expires  Who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public My Commission expires:  MICHELLE G MIETZNER Notary Public, State of Arizona Cochise County  Commission # 618152  My Commission Expires		me thisday of, 20by
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Cochise County Commission # 616152 My Commission Expires	Notary Public, State of Arizona	
My Commission Expires	Cochise County	
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